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CONFIRMATION NO. 5653

SERIAL NUMBER 10/685,669	FILING DATE 10/15/2003 RULE	CLASS 439	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. FCI-2722/C3500
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/442,140 01/23/2003

Yes

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 28 28	INDEPENDENT CLAIMS 4
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ADDRESS

23377

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TITLE

Modular jack with visual indicator

FILING FEE RECEIVED 1274	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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